08000009201

(Requestor's Name)
(Address)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
NOV 2 5 2008
EXAMINER

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11/24/08--01023--020 **125.00

COVER LETTER

TO:	Registration Division of C			
SUBJE	CCT:	Chem Lift Ac (Name of Limite	Liability Company)	
The end	closed Articles	of Organization and fee(s) are s	ubmitted for filing.	
Please	return all corres	spondence concerning this matte	er to the following:	
-		Sherri	VM 1 5 Name of Person)	2008) TALL
-		Chem Lift	Firm/Company)	2000 NOV 24 PM SECRETARY OF STALLAHASSEE, FI
		3708 F	(Address)	PH 2:07
				\$25°
-		59745	8th FL 34:	239
		(City	/State and Zip Code)	
For furt	her information	n concerning this matter, please	call:	
	Sherr (Nam	i	at (911) 350 (Area Code & Daytime Telep	711Z ohone Number)
Ericlos	ed is a check	for the following amount:		
\$125.0	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci	rcle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited fability Company is:
Principal Office Address: Mailing Address:
3908 Flores Ave 3908 Flores Ave Savasota Flores Ave Savasota Flores Ave 3908 Flores Ave To Savasota Flores Ave To Flores Ave To Savasota Flores Ave To Flore
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Sherri Mils
3908 Flores Ave.
Florida street address (P.O. Box NOT acceptable)
Savacota FL 31739 City, State, and Zip
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MOR	Sherri Mills 3708 Flores AR Scirusok FL 34739
MGRM	Steve Ellis 3408 Flores Ave 5-14508 FL 34239
	2008 NOV 24 SECRETARY TALL AHASS
(Use attachment if necessary)	CF STATE OF STATE

ARTICLE V: Effective date, if other than the date of filing: November 18, 2008 (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Sherri Mills

Mills
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)